

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-03-1016.M2

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

September 24, 2002

Re: IRO Case # M2-02-0702-01

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IRO's, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Orthopedic Surgery. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The ___ reviewer who reviewed this case has determined that, based on the medical records provided, the requested treatment is medically necessary. Therefore, ___ disagrees with the adverse determination regarding this case. The reviewer's decision and the specific reasons for it, is as follows:

History

This case involves a 40-year-old female who was reportedly suffered an injury ___, and presented with complaints of pain, numbness and paresthesias of both hands. Her initial report suggested peripheral nerve compression of the median nerves across both wrists.

Initial NCV/EMG studies were reported as normal. Further evaluation included an MRI of the neck which demonstrated bulging discs at C4-5 and C5-6 levels. The patient underwent multiple-level cervical discectomies with anterior cervical fusion. Following surgery, the patient reported significant relief, with the exception of persistent numbness and paresthesias over the ulnar nerve distribution of her left arm. Based on clinical exam the patient was diagnosed with cubital tunnel compression neuropathy of the ulnar nerves of both elbows with the left elbow more symptomatic than the right. The patient's pain persisted. She was noted to have subluxation of both ulnar nerves at the elbow. Repeat NCV/EMG studies done on 3/5/02 were again reported as normal. Recommendation at this point is to proceed with right ulnar nerve neurolysis and anterior intramuscular transposition of the ulnar nerve.

Requested Service

ASCC/Neurolysis, Anterior intramuscular transposition right ulnar nerve

Decision

I disagree with the carrier's decision to deny the requested procedure.

Rationale

The patient suffers from a dynamic condition which is often difficult to diagnose. The patient has subluxation of her ulnar nerves of both elbows which can cause repetitive microtrauma to the nerve with repetitive activity. In my experience, it is common for a patient to complain of shoulder pain, neck pain, and typical numbness and paresthesias into the hand with this condition. Since this is a dynamic condition, it is not uncommon for the NCV/EMG studies to be within normal limits. The patient may also be suffering a double crush syndrome to the ulnar nerves. The cervical compression of the nerve roots can make the peripheral nerves more susceptible to a compression neuropathy. Therefore, it is appropriate to proceed with neurolysis and nerve transposition.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d). A request for a hearing should be sent to:
Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P O Box 40669,
Austin, TX 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308(t)(2)).

Sincerely,